

EXHIBIT “H”



ZHE 8293003 08

The Hanover Insurance Company (A Stock Company)
440 Lincoln Street, Worcester, MA 01653-0002
Commercial Line Policy
Common Declarations

Policy Number	Policy Period		Coverage is Provided in the:	CM
	From	To		Agency Code
ZHE 8293003 08	05/11/2017	05/11/2018	The Hanover Insurance Company	1501396

Named Insured and Address :

GARDEN OF EDEN ENTERPRISES INC
AEGEAN GOURMET FOODS INC.,
720 ANDERSON AVENUE, 2ND FLOOR
CLIFFSIDE PARK NJ 07010

Agent :

SACHS WALSH INSURANCE
728 POST ROAD EAST
PO BOX 5163
WESTPORT CT 06881

Branch : Connecticut Branch Office
Policy Period : From 05/11/2017 To 05/11/2018
12:01 A.M. Standard Time at Your Mailing Address Shown Above.
Business Description: Gourmet Food Stores
Legal Entity: Corporation

In Consideration of the premium, insurance is provided the Named Insured with respect to those premises described in the attached schedule(s) for which a specific limit of insurance is shown. This is subject to all terms of this policy including Common Policy Conditions. Coverage Parts, Forms and Endorsements may be subject to adjustment and/or a policy minimum premium.

Commercial Property Coverage	\$.
Commercial General Liability Coverage	\$
Commercial Inland Marine Coverage	\$
Commercial Crime Coverage	Not Covered
Commercial Auto Coverage	Not Covered
Total Surcharges Premium	\$
Additional Premium For Policy Minimum	N/A
** Total	\$

****INCLUDES PREMIUM, IF ANY, FOR TERRORISM; REFER TO DISCLOSURE NOTICE**

Countersigned _____ By _____

Equal Monthly

Group Number ZKQ



GARDEN OF EDEN ENTERPRISES
INC

ZHE 8293003 08

SACHS WALSH INSURANCE

Commercial Lines Surcharges

State: New York

New York Fire Fee Premium: \$

Total New York Surcharge Premium: \$

State: New Jersey

New Jersey Surcharge Premium: \$

Total New Jersey Surcharge Premium: \$



GARDEN OF EDEN ENTERPRISES
INC

ZHE 8293003 08

SACHS WALSH INSURANCE

Additional Named Insured

Montague Fancy Foods, Inc.

Additional Named Insured

Aloha Healthy Foods LLC dba
Shaka Big Island Burrito

Additional Named Insured

Healthy Foods 23rd Street LLC
dba Shaka Burrito

Additional Named Insured

Aegean Gourmet Foods Inc

Additional Named Insured

Garden of Eden Wholesale, Inc.

Additional Named Insured

Broadway Specialty
Foods, Inc.

Additional Named Insured

NY Metro Transportation, Inc.

Additional Named Insured

3 Flavors LLC dba Fruitilicious
Flavors

Additional Named Insured

NB Specialty Food LLC dba
Shaka Burrito

Additional Named Insured

Berkeley Fine Foods LLC

Additional Named Insured

Garden of Eden
Gourmet, Inc.

Additional Named Insured

Coskun Brothers Specialty
Food, Inc.

Locations of All Premises You Own, Rent or Occupy

Location: 1

162 West 23rd Street
New York NY
10011

Location: 3

2780 Broadway
New York NY
10025

Location: 2

7 East 14th Street
New York NY
10003

Location: 4

720 Anderson Ave
Cliffside Park NJ
07010



ZHE 8293003 08

SACHS WALSH INSURANCE

Forms Applicable to all Coverage Parts:

*Asterisk denotes new or changed form

<u>Form Number</u>	<u>Edition Date</u>	<u>Description</u>
221-0163	04/90	Change Endorsement Form
221-0163	10/03	Change Endorsement Form
* 401-1127	01/15	Notice - Acceptance Of Terrorism Coverage and Disclosure Of Premium
* 401-1337	02/16	Trade Or Economic Sanctions Endorsement
* 401-1374	01/15	Offer Disclosure Pursuant To Terrorism Risk Insurance Act
* 401-1377	12/14	Company Address Listing
IL 00 03	09/08	Calculation of Premium
IL 00 17	11/98	Common Policy Conditions
IL 01 11	11/03	New Jersey Changes
IL 01 83	08/08	New York Changes - Fraud
IL 02 08	09/07	New Jersey Changes - Cancellation and Nonrenewal
IL 02 68	01/14	New York Changes - Cancellation and Nonrenewal
IL 09 35	07/02	Exclusion of Certain Computer-Related Losses
IL 09 52	01/15	Cap On Losses From Certified Acts of Terrorism
* SIG 11 00	08/16	Signature Page



GARDEN OF EDEN
ENTERPRISES INC

ZHE 8293003 08

SACHS WALSH INSURANCE

Commercial General Liability Coverage Part Declaration

Audit Frequency: Annual

Limits of Insurance:

General Aggregate Limit	\$2,000,000
Products-Completed Operations Aggregate Limit	\$2,000,000
Each Occurrence Limit	\$1,000,000
Personal and Advertising Injury Limit	\$1,000,000
Damage to Premises Rented to You Limit	\$100,000
Medical Expense Limit, Any One Person	\$10,000
General Liability Deductible:	
Total Advance Commercial General Liability Premium	\$.

THIS POLICY CONTAINS AGGREGATE LIMITS; REFER TO SECTION III - LIMITS OF INSURANCE FOR DETAILS

Forms Applicable to General Liability Coverage Parts:

*Asterisk denotes new or changed form

<u>Form Number</u>	<u>Edition Date</u>	<u>Description</u>
421-0017	06/89	Employee Benefits Liability Insurance
421-0022	12/90	Asbestos Liability Exclusion
421-2915	06/15	Commercial General Liability Broadening Endorsement
421-2916	06/15	Commercial General Liability Enhancement Endorsement
* 421-2929	06/16	New York Amendatory Endorsement
CG 00 01	04/13	Commercial General Liability Coverage Form - Occurrence
CG 01 04	12/04	New York Changes - Premium Audit
* CG 01 63	07/11	New York Changes - Commercial General Liability Coverage Form
CG 20 10	04/13	Additional Insured - Owners, Lessees Or Contractors - Scheduled Person or Organization
CG 20 24	04/13	Additional Insured - Owners Or Other Interest From Whom Land Has Been Leased
CG 21 06	05/14	Exclusion - Access or Disclosure of Confidential or Personal Information and Data-Related Liability - With Limited Bodily Injury Exception
CG 21 47	12/07	Employment - Related Practices Exclusion
CG 21 70	01/15	Cap On Losses From Certified Acts of Terrorism
CG 26 21	10/91	New York Changes - Transfer Of Duties When A Limit Of Insurance Is Used Up
IL 00 23	07/02	Nuclear Energy Liability Exclusion Endorsement



RENEWAL OF POLICY UHE 8293022 06

COMMERCIAL FOLLOW FORM EXCESS AND UMBRELLA POLICY

THESE DECLARATIONS, TOGETHER WITH THE COVERAGE FORM(S) AND ANY ENDORSEMENT(S),
COMPLETE THE BELOW NUMBERED POLICY.

POLICY NUMBER: UHE 8293022 07
COMPANY: Hanover Insurance Company

DECLARATIONS

Item 1. Named Insured and Address
(No., Street, Town, County, State)

Agent

GARDEN OF EDEN ENTERPRISES INC AEGEAN GOURMET FOODS INC., 720 ANDERSON AVENUE, 2ND FLOOR CLIFFSIDE PARK NJ 07010	1501396 SACHS WALSH INSURANCE 728 POST ROAD EAST PO BOX 5163 WESTPORT CT 06881
---	--

Item 2. Policy Period: (Month, Day, Year)

From 05/11/2017 To 05/11/2018

12:01 A. M., standard time at the address of the Named Insured as stated herein.

Form of Business:

- ☐ Individual ☐ Partnership ☒ Corporation ☐ Limited Liability Company
☐ Organization (Other than Partnership, Joint Venture or Limited Liability Company)

Business Description: Gourmet Food Stores

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. THIS PREMIUM MAY BE SUBJECT TO AUDIT.

Item 3. Limit of Insurance

Each Occurrence or Each Claim Limit:	\$10,000,000
Products – Completed Operations Aggregate Limit:	\$10,000,000
General Aggregate Limit	\$10,000,000

Retained Limit: \$0

Item 4. Premium Computation:

Estimated Annual Premium	\$
Premium Surcharges	\$0.00
(Premium Surcharges NOT APPLICABLE in New York)	
Annual Minimum Premium	\$
Advance Premium	\$

Endorsements:

See next page



- ☐ PREPAID - the total annual premium is due at inception.
☐ HANOCASH - the annual premium is payable according to the term of the Hanocash endorsement attached.
☐ ACCOUNT BILL ☐ DIRECT BILL ☐ Annual ☐ Semi-Annual ☒ Other

Audit period: Non Auditable Unless indicated by ☐ Annual ☐ Semi-Annual ☐ Other

If you cancel this policy, we shall receive and retain not less than NIL as a policy minimum premium.



Forms Applicable To This Policy:

*Asterisk denotes new or changed form

<u>Form Number</u>	<u>Form Edition</u>	<u>Description</u>
401-1127	01/15	Notice - Acceptance Of Terrorism Coverage and Disclosure Of Premium
* 401-1337	02/16	Trade Or Economic Sanctions Endorsement
* 401-1374	01/15	Offer Disclosure Pursuant To Terrorism Risk Insurance Act
* 401-1377	12/14	Company Address Listing
475-0001	12/14	Hanover Commercial Follow Form Excess And Umbrella Policy
475-0015	12/14	Exclusion - Cross Suits (Coverage A and B)
475-0027	12/14	Exclusion - Total Pollution (Coverage A)
475-0031	12/14	Exclusion - Professional Liability (Coverage A)
475-0041	12/14	New York Changes
475-0066	01/15	Cap on Losses From Certified Acts of Terrorism
475-0070	01/15	Exclusion of Punitive Damages Related To A Certified Act Of Terrorism
475-0079	12/14	Revised Coverage Territory - Suit Within United States (Coverage B)
475-0114	12/14	New York Exclusion - Abuse And Molestation (Coverage A and B)
* 475-0174	12/14	Multiple Named Insured Endorsement
475-0215	12/14	Exclusion - Discrimination (Coverage A and B)
475-0286	12/14	New York Exclusion - International Abuse And Molestation (Coverage A and B)
475-0391	12/14	New York Exclusion - Silica (Coverage A and B)
475-0424	12/14	New York Exclusion - Employee Benefits Liability (Coverage B)
475-0440	12/14	New York - Claims Made Notice
* SIG 11 00	08/16	Signature Page



SCHEDULE OF UNDERLYING POLICIES

Insured: GARDEN OF EDEN ENTERPRISES INC
Effective on and after 05/11/2017 12:01 A.M. Standard Time
This Schedule is part of Policy Number: UHE 8293022 07

CARRIER, POLICY NUMBER & PERIOD	TYPE OF POLICY	APPLICABLE LIMITS OR AMOUNT OF INSURANCE
(a) Carrier: HANOVER INSURANCE COMPANY Policy Number: ZHE 8293003 08 Policy Period: 05/11/2017 TO 05/11/2018	Commercial General Liability <input type="checkbox"/> Owned Autos <input type="checkbox"/> Non-owned & Hired Autos	\$1,000,000 Occurrence/ Each Claim \$1,000,000 Personal Injury \$1,000,000 Advertising Injury \$2,000,000 General Aggregate \$2,000,000 Product/Completed Operations Aggregate
(b) Carrier: ALLMERICA FINANCIAL BENEFITS Policy Number: AWE 8711213 07 Policy Period: 05/11/2017 TO 05/11/2018	Comprehensive Automobile Liability including <input checked="" type="checkbox"/> Owned Autos <input checked="" type="checkbox"/> Non-Owned & Hired Autos	Bodily Injury and Property Damage Liability Combined: \$1,000,000 Each Accident Bodily Injury \$ Each Person \$ Each Accident Property Damage: \$ Each Accident
(c) Carrier: Policy Number: Policy Period:	Garage Liability <input type="checkbox"/> Dealers <input type="checkbox"/> Service	Bodily Injury and Property Damage Liability Combined: Each Accident Garage Operations \$ Auto Only \$ Other than Auto Only \$ Aggregate Garage Operations \$ Other than Auto Only
(d) Carrier: TRAVELERS INS Policy Number: YJUB 237P82 3 09 Policy Period: 05/11/2017 TO 05/11/2018	Standard Workers' Compensation & Employers' Liability NEW YORK ONLY: The Umbrella Coverage for Workers' Compensation and Employers Liability is not applicable in situations where an employee is subject to the New York Workers' Compensation Law.	Coverage B – Employers Liability Bodily Injury by Accident \$500,000 Each Accident Bodily Injury by Disease \$500,000 Each Employee \$500,000 Aggregate

An "X" marked in the box provided indicates these broadening or optional coverage are provided in the Underlying Insurance